

Allergy Safety at Clubs Policy

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Writer/reviewer of this policy: Dan Chapman, Managing Director

Context

Food allergies are a growing, complex health challenge affecting approximately 5% to 8% of children in the UK—meaning virtually every classroom will have at least one allergic pupil. For these children, exposure can trigger anaphylaxis, a rapid and potentially life-threatening allergic reaction. Crucially, 20% of severe food-related allergic reactions happen while a child is at school, and these incidents can occur in pupils with no prior history of a diagnosed allergy.

Under Benedict's Law, alongside existing statutory duties to support pupils with medical conditions, schools must ensure robust, proactive safeguards are in place. This policy outlines our commitment to maintaining up-to-date allergy registers, ensuring widespread staff training in recognising symptoms, and establishing immediate, effective emergency response protocols to protect every child in our care.

1. Policy Statement and Core Philosophy

CoachUnlimited is committed to providing a safe, inclusive, and welcoming environment. We recognise that food allergies and anaphylaxis represent a chronic and potentially life-threatening medical condition.

In accordance with Benedict's Law, this organisation rejects a "reactive-only" approach to allergy management. Instead, this policy establishes a rigorous preventative system combined with a robust emergency framework. We ensure that our staff are proactively trained, individual healthcare plans are strictly maintained, and emergency response protocols are clear, ensuring that pupils with allergies are systematically protected every day.

2. Roles, Governance, and Accountability

Directors



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Holds overall accountability for the policy. Their role is to:

- Ensure adequate resources and training are allocated for robust allergy management.
- Monitor policy effectiveness and ensure allergy safety information is accessible to parents/carers.
- Ensure a workable Emergency Plan is in place.
- Ensure allergy information is seamlessly communicated

All Staff

Every adult employed by or working regularly within the setting holds a fundamental duty of care. In compliance with **Benedict's Law**, all staff must:

- Complete mandatory training in allergy awareness, symptom recognition, and the administration of an Adrenaline Auto-Injector (AAI).
- Know the precise location of pupil medication and the school's spare emergency AAIs, maintaining vigilance across all environments.
- Act immediately in an emergency: call emergency services, state "anaphylaxis," and administer an AAI if a severe reaction is suspected (even in pupils with no prior history).
- Rigorously supervise eating any food-related activities, ensuring strict allergen safety in storage and preparation.

Parents / Carers

Partnership with families is vital to maintaining a safe environment. Parents and carers are required to:

- Promptly notify the club of any diagnosed allergies or changes to their child's medical status.
- Provide an official Allergy Action Plan (AAP) completed by a healthcare professional
- Supply the school/club with two in-date, correctly dosed AAIs, tracking expiry dates and replacing medications immediately upon expiration or use.
- Educate their child on allergy self-management, including allergen avoidance, reading labels, recognising symptoms, and the importance of immediately alerting an adult if they feel unwell.



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- Coordinate directly with the catering team regarding any specific dietary requirements or meal provisions.

Pupils

Pupils are encouraged and supported to take active, age-appropriate responsibility for their safety. They are expected to:

- Develop a clear understanding of their specific triggers and symptoms, and openly share this awareness with peers to foster a supportive environment.
- Strictly avoid exchanging food, trading snacks, or consuming items with unknown ingredients.
- Check food labels carefully and refuse any food if they are uncertain of its contents.
- Know exactly where their medication is stored or, if age-appropriate and agreed upon, take full responsibility for carrying their AAls on their person at all times.
- Notify the nearest adult immediately at the very first sign of a suspected allergic reaction.
- With the agreement of the pupil and their parents, close friends and peers may be given age-appropriate guidance on how to spot an allergic emergency and quickly call for adult help. Peer awareness will always be managed sensitively to foster a supportive environment without replacing official staff emergency protocols

3. Mandatory Staff Training and Competency

Whole-Staff Requirement

Allergy awareness and emergency anaphylaxis training is compulsory for all staff.

Core Curriculum

In alignment with statutory guidance, our training framework covers the following essential pillars:

- **Risk Reduction & Avoidance:** Identifying common allergens and implementing preventative control measures in classrooms and dining spaces.



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- **Symptom Recognition:** Distinguishing between mild allergic reactions and the early signs of life-threatening anaphylaxis, including understanding associated risks like asthma.
- **Emergency Response:** Clear execution of the school's emergency plan, knowing when and how to contact emergency services, and mandatory incident recording.
- **Care Plan Management:** Understanding individual Allergy Action Plans (AAPs) and Healthcare Plans (IHPs).

Practical Assessment & Competency

Training cannot be completed solely via text or video modules. Staff must complete a multi-layered verification process:

- **Hands-on Deployment:** Staff must practically demonstrate their ability to successfully deploy an Adrenaline Auto-Injector (AAI) using physical training devices representing different brands.

Frequency

Staff must complete allergy training annually. Training records and staff competency are formally audited. Post-incident "lessons learned" reviews are utilised to immediately refresh targeted staff training where required

6. Management and Storage of Allergy Medication & Spare AAIs

Pupil-Owned Emergency Kits

Depending on their age, competence, and individual risk assessments, pupils are encouraged to take responsibility for and carry their own emergency kits. For younger pupils, or those not yet ready to self-manage, individual kits must be stored in a designated, centrally accessible, and unlocked location. Each individual kit must be stored in a rigid, clearly labeled container containing:

- Two in-date Adrenaline Auto-Injectors (AAIs) of the correct prescribed dosage.
- The pupil's current, up-to-date Allergy Action Plan (AAP).
- Prescribed antihistamines and/or an asthma inhaler (if specified on the AAP).

Storage Framework and Environmental Controls



All allergy medication—both pupil-owned and school spare stock—is stored under strict conditions:

- **Accessibility:** Stored in central staff locations (e.g., the school office or staff room). They must be instantly accessible to all staff at all times and **never** locked away.
- **Environmental Controls:** Kept at a stable room temperature, protected from direct sunlight, and kept out of the reach of children.
- **Dose Security:** Spare AAIs are stored in pairs to guarantee a secondary dose is immediately available if symptoms do not improve after 5 minutes.

Emergency Administration Protocol

- **Prescribed Users:** Spare school devices will be deployed immediately if a pupil's personal AAI fails, is missing, or if a secondary dose is required before emergency services arrive. Written parental consent is securely logged alongside their IHP for this purpose.
- **Universal Emergency Use (No Prior History):** In full alignment with Benedict's Law, if any un-prescribed individual (student, staff member, or visitor) manifests unambiguous signs of anaphylaxis, a spare school AAI will be administered immediately. Staff will call 999, state "*anaphylaxis*," and follow emergency service instructions.

Disposal of Used Devices

AAIs are single-use medical devices. Once deployed, the time of administration must be noted. The used injector must be handed directly to ambulance paramedics upon arrival or safely disposed of in a designated clinical sharps bin.

Spare reliever inhalers

Emergency anaphylaxis kits will contain or be stored with spare salbutamol inhalers and spacers alongside spare AAIs. These will be audited regularly to ensure they remain in-date and ready for use.

7. Emergency Response Protocol

In the event of a suspected severe allergic reaction:



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1. **Do Not Move the casualty:** Keep the individual completely flat with their legs raised (or sitting upright with legs extended if breathing is intensely compromised). **Never allow them to stand, walk, or change positions quickly.**
2. **Administer Adrenaline Immediately:** If signs of anaphylaxis are present, deploy the child's prescribed adrenaline device or the school's spare AAI into the outer mid-thigh without delay.
3. **Call 999:** Summon an emergency ambulance immediately. Inform the operator explicitly that a person is suffering from "**ANAPHYLAXIS**".
4. **Track Time:** Note the exact minute of injection. If clinical indicators fail to improve after 5 minutes, deploy a second AAI into the opposite thigh or give a child's second prescribed nasal adrenaline device.

8. Incident Recording, Review, and Incident Learning

- **Mandatory Logging:** Every serious allergic reaction and "near-miss" (e.g., a child almost accidentally served an incorrect allergen meal) must be formally documented using the school's statutory Incident Log.
- **Review:** Following any incident, the Accountable Senior Leader and the Designated Allergy Governor will conduct a thorough procedural evaluation to pinpoint structural flaws.
- **Refinement:** The policy, environmental risk assessments, and catering frameworks will be immediately updated based on lessons learned to prevent future gaps in safety.
- **Post-School Reporting Mechanism:** Symptoms of an allergen exposure during the school day may sometimes only become apparent after a pupil returns home. Parents, carers, or healthcare professionals can submit a formal report of any suspected school-based exposure or "near miss" to the Senior Allergy Lead to ensure a thorough investigation and review

